

REPORTS INVENTORY						CONTROL NO. Narrative portion of DDS/OL/BFB-1	
<b>PREPARE IN DUPLICATE</b>							
1. TITLE OF REPORT (if a fill-in report include Form No.)  Program Call (submission)					2. TYPE OF REPORT		
					<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		X ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		X FINANCE			
4. NO. OF COPIES PREPARED  10		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Annually			6. DISTRIBUTION (No. of components not number of copies)  3		
7. FORMAT (memorandum, form computer print-out, etc)  Memorandum & Att		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			OPPB Annual Call		
10. PREPARING COMPONENT (include lowest level contributing information to report)  PS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Eight narrative memos prepared by various OL elements provide basis for this report.			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
Avg GRADE	HOURLY Avg RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-14	\$10.00		80		\$800		1 \$800
GS-06	\$ 3.75		40		\$150		1 \$150
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$950	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  This narrative information is required by OPPB as a matter of Agency policy and accompanies the statistical monetary requirements portion of the submission.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE						STAT	
16. DATE OF INVENTORY  5 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION